Medical Augmentation Program (MAP)

M+1 Manning for CRTS

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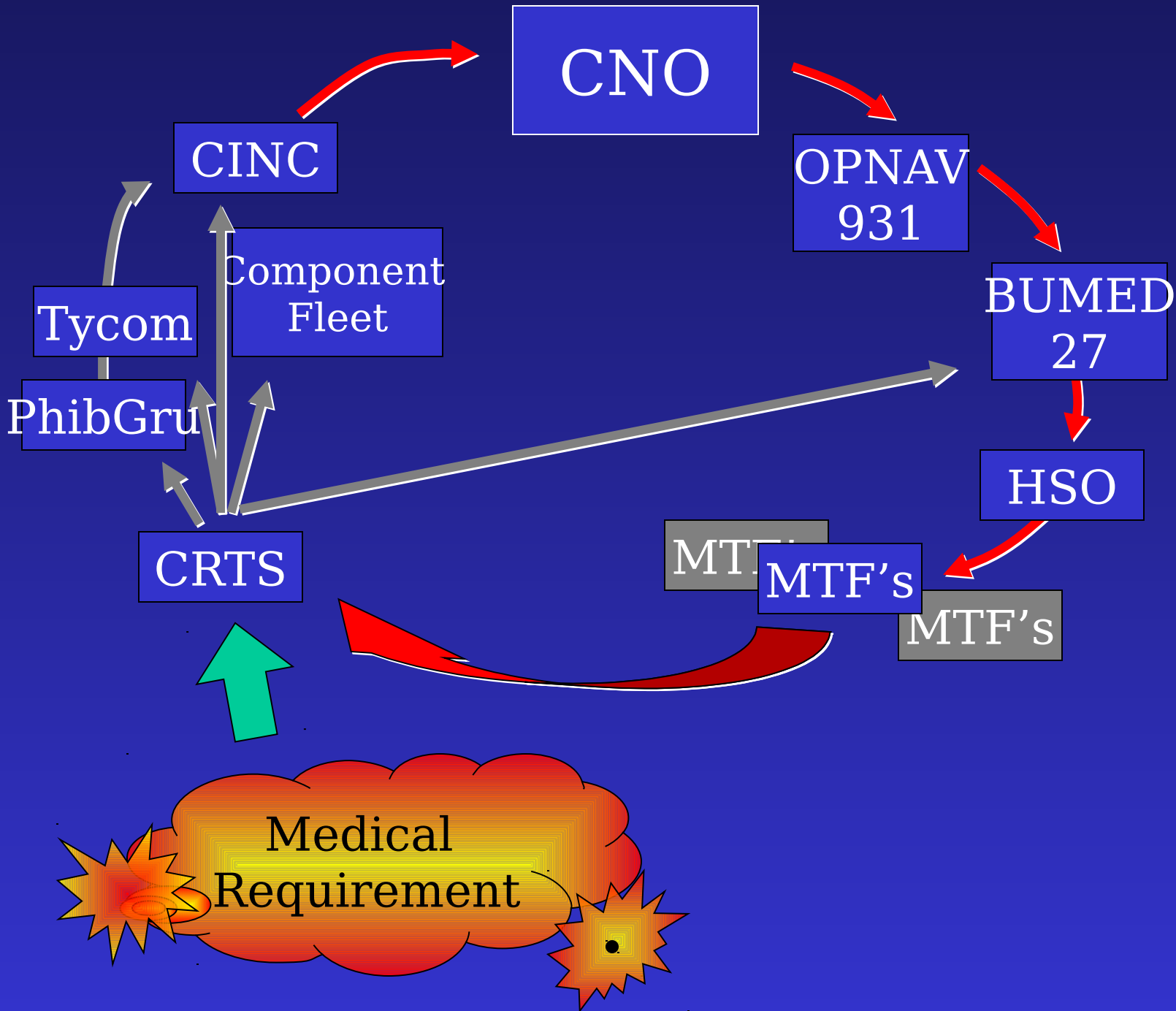
Objectives

- Discuss DoD and BUMED MAP Instructions
- Compare the four principle Operational Platforms to which Naval personnel will deploy
- Provide brief background on how CRTS MAP Manning was derived
- Describe current MAP billets
- List CRTS Platforms and sourcing commands
- Briefly discuss the future for CRTS MAP training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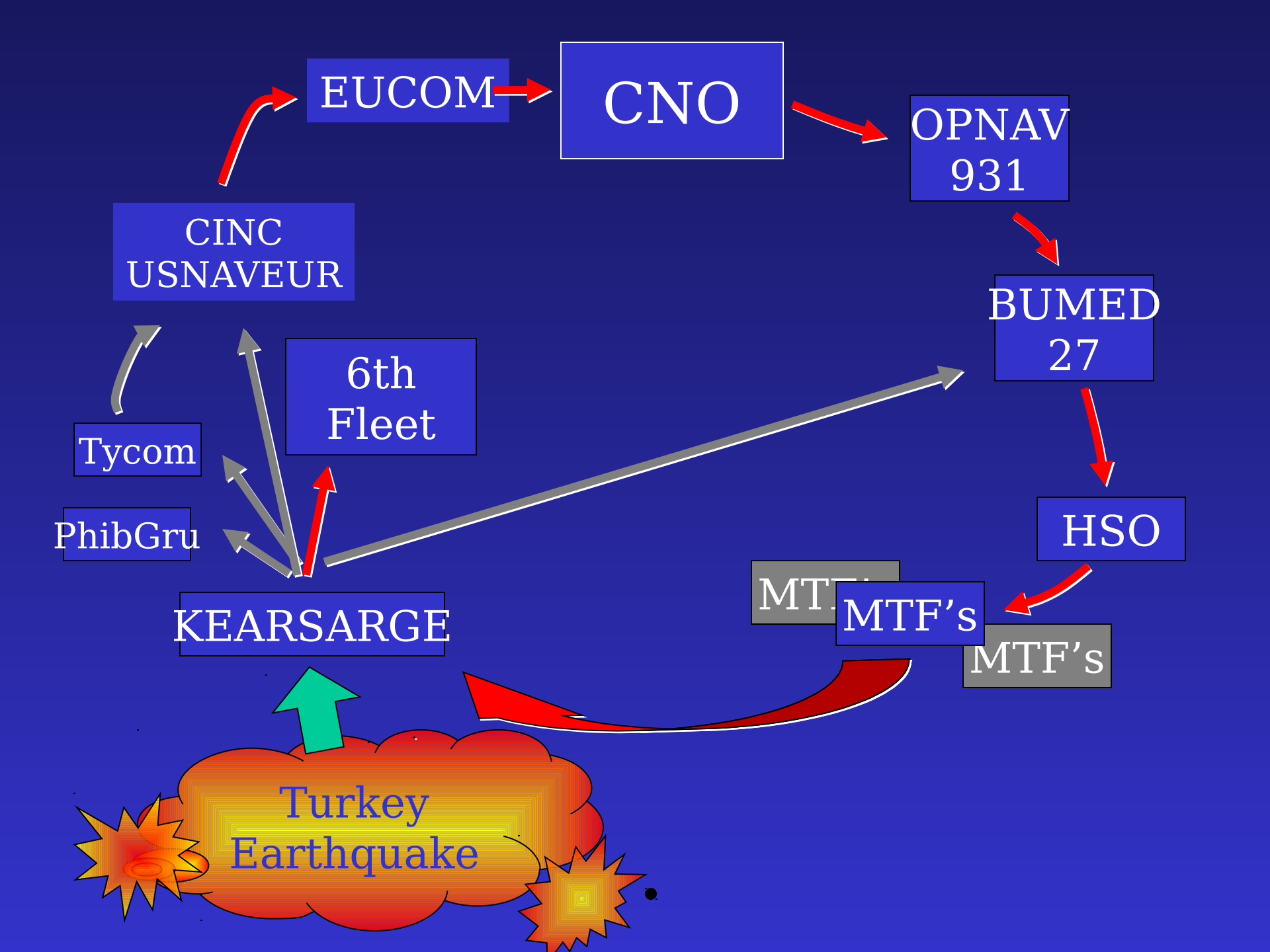
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DoD Mandate

DoD INST 1322.24 (20 Dec 95)

- Military Department (the Navy) shall program for medical personnel to train with their designated operational unit at least every three years for a minimum of five days

DoD Mandate

DoD INST 1322.24 (20 Dec 95)

- Healthcare personnel shall receive an orientation to assigned billet for mobilization and an annual operational unit mission briefing.
- The goal is to conduct training in the environment and with the type equipment that the member will use on deployment.

DoD Mandate

DoD INST 1322.24 (20 Dec 95)

- Annual Requirement -- at least five days
- Focus on participative, hands-on, and team-building unit training
- With the unit (or like unit) with which they will deploy

DoD Mandate

DoD INST 1322.24 (20 Dec 95)

- *Annual* Sustainment training shall be related to members operational billet … to properly execute … health service support mission
- Annual sustainment training can include
  - classroom instruction
  - field exercises
  - mission support

DoD Mandate

DoD INST 1322.24 (20 Dec 95)

- Initial training
- Annual sustainment training - 5 days
- Platform training minimum of every three years

DoD Mandate

DoD INST 1322.24 (20 Dec 95)

- Annual fitness reports shall include a statement of medical readiness training compliance.

Military Augmentaton Program

BUMED INST 6440.5series

- Guidelines for medical manpower augmentation for situations ranging from limited contingencies to global warfare.

Military Augmentaton Program

BUMED INST 6440.5series

- CNO (OPNAV 931)
- Chief, BUMED (MED 27)
- NMIMC
- Healthcare Support Offices (HSO’s)
- Sourcing Commands
- Deployable personnel

What are the platforms?

- T-AH
- Fleet Hospitals
- MARFOR
  - MAW
  - Division
  - FSSG (Med Battalion)
- CRTS

Why the numbers? Why the mix?

- CRTS MAP based on ROC/POC

	OR	ICU	Ward	Overflow
• LHD	6	17	45	540
• LHA	4	17	45	360

ROC/POE plus AMMAL

- AMMAL block designed to care for
- 300 casualties
  - 100 surgical cases
  - 200 DNBI

Original CRTS MAP

- LHD 242
- LHA 168

?

Evolution

Proposed ROC/POE

	OR	ICU	Ward	Overflow
• LHD	4	15	45	zero
• LHA	4	15	45	zero

Evolution is a powerful force ...

CAPT Jerry Ragland MC USN
CNSP Surgeon
Speaking to CATF Surgeon students about operational realities

Current CRTS MAP

- LHD 84
- LHA 84

? Is this right yet?

Current MAP Billets

- MO - 11
  - 2 Internal Med
  - 1 Psychiatrist
  - 3 Anesthiologists
  - 3 General Surgeons
  - 2 Ortho
- Dental
  - 1 Oral Max Surgeon
- Med Service Corps
  - 1 Med Technologist

Billets

- NC - 22
  - 1 Chief Nurse
  - 6 Critical Care
  - 5 Perioperative
  - 2 Ambulatory Care
  - 6 Staff Nurse
  - 2 Nurse Anesthetist

Billets

HM - 48

- 24 Quad 0
- 2 Med Reg
- 2 Xray
- 1 Biomed Tech
- 1 Pharm
- 10 Surg Tech
- 2 Psych
- 2 Ortho
- 1 Med Lab
- 3 Resp Therapist

Component UIC's

- Implemented Oct 2000
- Personnel assigned to Sourcing Command will also be assigned to a component UIC that identifies their platform assignment
- Identifies platform assignments by billet sequence code.

Still, manpower engineering problems at the local lev

Readiness Metrics

Does it really reflect readiness ? ?

- Tracked by Standardized Personnel Management System (SPMS)
  - MTF POMI
  - Followed by MED 27
- P Status (% of MAP billets filled)
  - P1 > 90% fill
  - P4 < 69% fill
- T Status (Individual & Unit Training)
  - T1 > 85% trained
  - T4 < 54% trained
- R Status (Records)
  - PE, Dental, PSD, Manpower, MMPO, Family Care, etc

Platforms / Sourcing

Previous Sourcing

Commands

West Coast

- Tarawa Gr Lakes + 5
- Peleliu San Diego + 6
- Essex San Diego
- Boxer Gr Lakes
- B’ Rich San Diego + 6
- BWD NNMC + 4

East Coast

- Saipan Ports + 5
- Nassau Jax + Mill
- Wasp NNMC + 3
- Kearsarge Ports + 5
- Bataan Ports + 6

Per LCDR Guzman, 3/26/99
Med 27

Now

Platforms / Sourcing Commands

San Diego
- Boxer
- BHR
- Belleau Wood
- Tarawa
- Peleliu

Portsmouth
- Kearsarge
- Saipan
- Bataan

Bethesda
- Wasp
- Essex

Jacksonville
- Nassau

What are some of the realities?

- Attrition of Platform personnel - 30%
- Skills mix of platform personnel

  No hx of operational experience

  Officer: 50%?

  Enlisted: 50%

  NOBC/NEC consistancy

  Officer: 80%

  Enlisted: 60%

What are some of the realities?

- Difficulties scheduling training
  - Changing OPTEMPO of CRTs
  - Other MTF MAP training scheduling conflicts
  - Hosp backfill requirements
- East coast refuses to allow at-sea medical training of CRTS MAP
- Only CRTS MAP training west coast associated with Kernel Blitz
- Forward-deployed Okinawa/Sasabo CRTS - no scheduled training

Potential Difficulties

- PCM by name
  - Even more difficult to get away from MTF for training
- TRICARE FOR LIFE
  - Adds to already heavy workload of care providers, especially the critical fill billets

What has been accomplished?

- Curriculum solidifying
- Three CRTS MAP trained
  - BOXER, PELELIU, KEARSARGE
  - ESSEX sched for KB-99
- BUMED, HSO's, CPG's, and MTF's becoming accustomed

What has been accomplished?

- Recognition by CO’s/XO’s of a real means to accomplish CRTS secondary mission
- Just-in-time trained MAP that is really oriented to that particular ship
- MTF commander meeting training requirement.

What do the trainees get out of this?

- Comments of trainees
- List of ship-specific training items - OBS, man overboard, mass casualty., etc

Future

- Timing of the training
- Pierside vs Underway
- How to do Sustainment training (??)
- Better defined role of Senior Leadership Element
- Assure T-1 really means that you are ready to deploy

Questions

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